



INSTRUCTIONS

- Review the Park Facility Rental Guide [http://www.kirklandwa.gov/Assets/Parks/Parks+PDFs/Facility+Rental+Guide+\(March+2015\).pdf](http://www.kirklandwa.gov/Assets/Parks/Parks+PDFs/Facility+Rental+Guide+(March+2015).pdf) for complete details on how to reserve a location, for park rules, policies and requirements for use.
- Check preliminary availability by contacting the appropriate staff person.
 - OO Denny, NRH/Woodlands and Rose Hill Meadows: **Kevin Ball** / kball@kirklandwa.gov / Phone: 425.587.3398
 - Juanita Beach, Houghton Beach, Crestwoods, Everest, 132nd Square, Phyllis Needy, Lee Johnson, other athletic fields and park open spaces: **Nicci Osborn** / nosborn@kirklandwa.gov / Phone: 425.587.3342
- Complete this form, initial, sign, attach site plan (if applicable), payment and submit. A minimum of **30 business days** in advance is required. Submit the application to the appropriate staff person's attention (see #2 above):
Email: kball@kirklandwa.gov OR nosborn@kirklandwa.gov / **Fax:** 425.587.3396 / **Mail:** City of Kirkland Parks and Community Services Department, 123 5th Avenue, Kirkland, WA, 98033 / **In Person:** (*drop off only – applications are not reviewed at the counter*) City of Kirkland Parks Maintenance and Operations Office 1129 8th Street, Kirkland, WA, 98033 Mon. – Fri. 7am - 3pm (excludes holidays)
- There is no legal or binding commitment of a permit/reservation until a Facility Use Permit is issued. Completed requests are reviewed first come, first serve. No date will be held until the City of Kirkland Parks Department reviews and approves the request.

APPLICANT INFORMATION (Responsible Party) - Please print clearly.

Applicant/Primary Contact:

Secondary Applicant (If Applicable):

Group/Organization (If Applicable):

Primary Contact Email:

Primary Contact Phone:

Mailing Address:

City: _____ State: _____ Zip Code: _____

LOCATION, EVENT DATE AND TIME - Check all that apply.

<input type="checkbox"/> OO Denny Park Picnic Shelter	<input type="checkbox"/> OO Denny Park Picnic Area 2	<input type="checkbox"/> Rose Hill Meadows Park Picnic Shelter
<input type="checkbox"/> NRH/Woodlands Park Picnic Shelter	<input type="checkbox"/> Phyllis Needy Park Picnic Area	<input type="checkbox"/> Houghton Beach Park Picnic Area
<input type="checkbox"/> Juanita Beach Park Picnic Area 1	<input type="checkbox"/> Juanita Beach Park Picnic Area 2	<input type="checkbox"/> Juanita Beach Park Field(s) _____
<input type="checkbox"/> Lee Johnson Field at Peter Kirk Park	<input type="checkbox"/> Everest Park Picnic Shelter	<input type="checkbox"/> Everest Park Field D
<input type="checkbox"/> Crestwoods Park Picnic Area	<input type="checkbox"/> Crestwoods Park Field(s) _____	<input type="checkbox"/> Other – List Park/LWSD School area and attach site plan _____
<input type="checkbox"/> 132 nd Square Park Picnic Shelter	<input type="checkbox"/> 132 nd Square Field(s) _____	
Event Date Requested - Month: _____ Day: _____ Year: _____		1 st Choice Day of Week: _____
2 nd Choice (if any) - Month: _____ Day: _____ Year: _____		2 nd Choice Day of Week: _____
Time requested at Shelter/Picnic Area/Park Open Space: <input type="checkbox"/> 9am to 2pm <input type="checkbox"/> 3pm to 9pm <input type="checkbox"/> 9am to 9pm (Includes equipment delivery & pick-up, setup, event, take-down/clean-up & cleaning.)		Total Number of Hours at Shelter/Picnic Area/Park Open Space: _____
Time requested at field: _____ to _____ Or <input type="checkbox"/> No Field Requested (Rentable in one to three hour increments, 9am to dusk. Fee per prep/3 hr. increment.)		Total Number of Hours at Field: _____

EVENT INFORMATION

1. Indicate the purpose of the event (check all that apply):

<input type="checkbox"/> Birthday Party	<input type="checkbox"/> Company Picnic	<input type="checkbox"/> Family Gathering	<input type="checkbox"/> Party/Celebration	<input type="checkbox"/> Private Performance
<input type="checkbox"/> Assoc/Group Picnic	<input type="checkbox"/> Fundraiser	<input type="checkbox"/> Meeting	<input type="checkbox"/> Class/Seminar	<input type="checkbox"/> Memorial Service
<input type="checkbox"/> Wedding/Renewal & Reception	<input type="checkbox"/> Ceremony Only	<input type="checkbox"/> Reception Only	<input type="checkbox"/> On athletic field, game only	<input type="checkbox"/> Other _____

2. Provide a detailed, complete written event description, including ceremony details, activities, games, sports, crafts and entertainment:

3. Anticipated attendance (including adults and children)?

3b. For athletic field requests only: Age of participants?

☐ N/A ☐ Youth only ages _____ to _____
☐ Adults only ☐ Youth and adults

4. Will any other equipment be brought in to the site for use at the event?

☐ No ☐ Yes (Site Plan and Equipment List Required)

5. Will a canopy(ies)/tent(s) be used?

☐ No ☐ Yes (Site Plan Required)



**PICNIC SHELTER, PICNIC AREAS, PARK OPEN SPACE & INFORMAL FIELD USE
FACILITY USE PERMIT APPLICATION**

PAGE 2/2

6. Will a caterer be preparing and/or serving food on-site?	<input type="checkbox"/> No. There will be no food. <input type="checkbox"/> No. Food will be provided by the renter or will be dropped off by a caterer. <input type="checkbox"/> Yes. Name of Caterer: _____
7. Will there be hired entertainment?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Name and website of Entertainment: _____
8. Will there be music?	<input type="checkbox"/> No <input type="checkbox"/> Yes. Description of music entertainment: _____
9. Will admissions be charged?	<input type="checkbox"/> No <input type="checkbox"/> Yes (<i>Additional Requirements Apply</i>)
10. For athletic field use only: Is a full prep desired? (Full prep includes dragging, field lines and bases.)	<input type="checkbox"/> N/A – Not renting a field. <input type="checkbox"/> No prep wanted. Will use field without prep. Field reservation only. <input type="checkbox"/> Yes. Full prep requested.

INSURANCE, HOLD HARMLESS, RULES & REGULATIONS - Each applicant must agree to and initial all items below and sign.

_____ I certify that I am 18 years of age or older.

_____ **APPLICATION TIMELINE:** I understand I may not receive confirmation of a date for up to 10 business days from applying.

_____ **INSURANCE:** The City of Kirkland does not maintain insurance that will respond to claims against the applicant arising out of the use of facilities by the applicant, its member, or those attending the event. If applying individual/organization is required to be covered by general liability insurance, the applicant is responsible for obtaining said insurance. If required, proof of insurance, meeting the City's requirements, must be provided to the City.

_____ **HOLD HARMLESS AGREEMENT:** The undersigned hereby make application to the City of Kirkland (City) for use of park facilities and certifies the information given in the application and supporting material is correct. The undersigned further states that he/she has the authority to make this application for the applicant and agrees that the applicant will observe all ordinances and regulations of the City of Kirkland. The applicant/organization agrees to indemnify, defend, and save harmless the City or its officers, agents, employees, alleging damage or injury arising out of the subject matter of this Agreement; provided, however, that such provision shall not apply to the extent that damage or injury results from the sole fault of the City or its officers, agents, or employees. "Fault" as herein used shall have the same meaning as set forth in RCW 4.22.015. The applicant further agrees to reimburse the City of Kirkland Parks and Community Services Department for any damage arising from the applicant's use of said facilities and equipment. The applicant or his agent has examined and inspected the park facilities, premises, equipment, and furnishings for defects and finds them fit and safe for the purpose stated above.

_____ **FACILITY USE POLICIES, PARK RULES AND ATHLETIC FIELD USE POLICIES** I have read, understand, accept and agree to abide by all Park Rules (Kirkland Municipal Code 11.80) and all policies contained within the City of Kirkland's Facility Rental Guide and Athletic Field Use Policies (if applicable) for the space I am requesting to use.

_____ **ALCOHOL:** I understand alcohol is not allowed at the facility for which I am applying. I understand serving alcohol without approval and without permits, and in violation of Local and State laws may result in a Police citation, immediate shut down of the event, forfeiture of rental payment, and/or additional fees.

_____ **CANCELLATION POLICY:** I understand once an application is submitted, the Cancellation policy applies. I have read and understand the Cancellation Policy detailed within the Facility Rental Guide. I acknowledge a cancellation in writing is required to cancel.

Print Primary Applicant Name	Signature of Primary Applicant	Date
Print Secondary Applicant Name	Signature of Secondary Applicant	Date

PAYMENT INFORMATION - See the Facility Rental Guide and Park User Fees for applicable fees.

Payments Included:	<input type="checkbox"/> Picnic Shelter/Picnic Area/Park Open Space Rental Fee \$ _____	<input type="checkbox"/> Field Reservation Fee \$ _____ OR <input type="checkbox"/> Field Full Prep Fee \$ _____	<input type="checkbox"/> \$25 High Risk Application Fee (If Applicable)
	<input type="checkbox"/> Check/Money Order Payable to the City of Kirkland Check # _____		<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa
Total Amount Attached/Approved for Charge: \$ _____			
Visa/MasterCard Number: _____		Expiration Date: _____	
Print Name as It Appears on the Card: _____			
Signature of Card Holder: _____			